UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: \$1304 2 Serial/Patent # 0991/23						
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT	
,	Filing				\$	
	Amendment				\$	
X	Extension of Time			4/3	\$ 95%	
	Notice of Appeal/Appeal				\$	
	Petition				\$	
	Issue				\$	
	Cert of Correction/Terminal Disc.				\$	
	Maintenance				\$	
	Assignment				\$	
	Other				\$	
		7 TOTAL AMOUNT OF REFUND			\$ 950	
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
	Overpayment	\mathcal{L}	c	redit Dep	osit A/C #:	
	Duplicate Payment	, 02-0393				
	No Fee Due (Explanation):	Fee Due (Explanation):				
extension fild after extendable						
11 REFUND REQUESTED BY:						
TYPED/PRINTED/NAME: Sherry For My TITLE: /2thrus /- Xame						
SIGNATURE: 1 Clary 1 18 MCL PHONE: 305-9282						
OFFICE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: SATE: SUC 10						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)